BERLIN CENTRAL SCHOOL DISTRICT
PURCHASE REQUISITION
PLEASE CAREFULLY READ ITEMS # 1- 4 BELOW

BUDGET CODE

(COMPLETE ALL INFORMATION)
VENDOR: _____

ADDRESS: _____ SHIP TO ATTENTION: _____

CITY/ST/ZIP: _____ BUILDING: _____

PHONE #: _____ SHIP TO ADDRESS: _____

FAX #: _____ _____

STATE CONTRACT #: _____ **BID/QUOTE #:** _____

QTY.	ITEM NO.	DESCRIPTION	UNIT PRICE	TOTAL COST
			$.	$.

SUBTOTAL $ _____

SHIPPING 15% $ _____
(Please ask vendor for free shipping)

GRAND TOTAL $ _____

YOUR SIGNATURE AS REQUISITIONER INDICATES THAT:

1. If items are available from more than one source, you have compared prices and selected the least costly option meeting specifications.
2. Any premiums (purchase incentives) received in consideration of the purchase will be forwarded to the Business Office prior to distribution and/or use.
3. This purchase complies with **DISTRICT POLICY 4.250-08 AND 4.250-08R.**
4. You have attached a **SPENDING JUSTIFICATION FORM AND ALL QUOTES AND OR PRICE COMPARISON** forms to this document. (Textbook evaluation forms if applicable.)

AUTHORIZATION APPROVAL:

_____	_____	_____
REQUISITIONER	ADMINISTRATOR	PURCHASING AGENT
_____	_____	_____
DATE	DATE	DATE